### S. No. 1.

### PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. properly classified. should be AGE carefully supplied. may be See instructions on back of DEATH in plain terms, Every item of information CAUSE OF DEATH in plai Important. N. B.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[It death occurred in a hospital or Institution, give its NAME instead

	FULL NAME Stes Chur	Toll of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
8 D	ATE OF BIRTH  Mch 5, 184/	that I last saw h. 41 alive on 426 10 1913.
7 A	(Month) (Day (Year)  GE   J   If LESS than   1 day,	and that death occurred on the date stated above, at
(a pa (b	CCUPATION  1) Trade, protession, or  Intriculer kind of work  Compared nature of Industry,  Islands, or establishment in	Embolin, #
wh	silich employed (or employer)  IRTHPLACE (State or country)  Maryland	Gontributory recurronic Joyperstates Secondary  (Duration) yrs mos 5 ds
TS	10 NAME OF FATHER Junier Chancy 11 BIRTHPLACE	(Signed) OHM Herrar, M. D. Let /2, 1913. (Address) Oclever
PAREN	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER ATLANTIC	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
14	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.  Where wes disease contracted,
	(Informant) I agalon Toll	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 FI	(Address). Calculon 1100	Haugh Chapel - Jet 12, 1915  20 UNDENTAKER ADDRESS  P J Hilliams Sor Haterbury

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, trrespective of agc. Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," Never report For VIO-



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### 589 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in -Ward) a hospital or lostitution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S-SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than t day ......hrs. OR ..... 7 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE ...., 191..... (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place lo fhe OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_ State Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

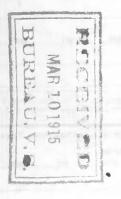
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,") unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehaethenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Coninjury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify all discases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



# MARGIN

arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very A PERMANENT RECORD UNFADING INK-THIS IS carefully supplied. Important. See instructions on back of certificate. DEATH in plain terms, so WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s-N. W.

### 1 PLACE OF DEATH

### 1590 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

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[If death occurred in a hospital or institution,

	FULL NAME Martha Butte	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Final Black Single, widowed, Wildows (Write the word)	16 DATE OF DEATH 76. 1, 1915 (Month) (Day (Year)
7 A	(Month) (Day (Year)  (GE Obout   If LESS than 1 day, hrs. OR min.?	I HEREBY CERTIFY, That I attended deceased from  If Solve I have a five company that I last sew h alive of the date stated above, st. m,  The GAUSE OF DEATH* was as follows:
d (p pu my	articular kind of work.  ) General nature of Industry, siness, or establishment in nich employed (or employer)  IRTHPLACE (State or country)	(Duration) yrs. mos. ds.  Contributory Secondary
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country) Unformality THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Char Galas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?————————————————————————————————————
16 FI	(Address) Lyons Corzes, Ind	19 PLACE OF BURIAL OR REMOVAL  PLACE OF BURIAL  PLACE OF

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an been changed or given up on account of the disease who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

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REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

1591 STATE OF MARYLAND CERTIFICATE OF DEATH

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

BATE OF BURIAL

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ADDRESS

191 (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at, The CAUSE OF DEATH\* was as follows: meumon (Duration) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the State \_\_\_\_\_ yrs, \_\_\_ mos. \_\_

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," cte., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenial," "Senile," etc.). "Pransa" "Transa" mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, cte., of...... (name origin; "Can-The contributory (seeondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for FOI VIO-



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### 59 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occurred la a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE, 16 DATE OF DEATH MARRIED, 1910 WIDDWED. ORDIVERCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from (Mont (Da (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day .....hrs. OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indostry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Odration) 10 NAME OF (Signed) S 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAM! TAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_ mos. \_\_ \_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. if not at place of death? Former or usual residence OF BURIAL OR REMOVAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of childblrth or miscarriage as "Puerperal septichae-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all discases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



7. S. No. 1.

### RECORD PERMANENT 4 INK UNFADING WITH .

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Lit death occurred in a hospitat or lostitution. give its NAME lostead of street and number. 1 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Dav) ORDIVORCED Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above at /2:05 am 1 day hrs. The CAUSE OF DEATH \* OR ..... mio. ? BOCCUPATION (a) Frade, protession, or Darticular kind of work. (b) General nature of industry. business, or establishment in (Duration) .....yrs. mos. ds. which employed (or employer) -----Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ Where was disease contracted. if oot at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR uma

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise spectstatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or indust;; and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of childbirth or miscarriage, as "Purperal septichaeture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-"Contributory." which surgical operation was undertaken. cause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of or Homicidal, or as probably (name origin; "Can-State cause for Never report For VIO-



### V. S. No. 1.

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### Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS 50 See instructions on back of certificate. WITH PLAINLY. WRITE Important,

1 PLACE OF DEATH	399 STATE OF MARYLAND
	CERTIFICATE OF DEATH
County and armout	
	Registration Dist, No.
Village or City Harman (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
(DOL. 1- X 1.0.	of street and nomber.]
FULL NAME WAS NOW	***************************************
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH THE
WIDOWED. Sample.	(Monda) (Day (Year)
Male Colored (Write the word)	17A I HEREBY GERTIFY. That I attended deceased from
6 DATE OF BIRTH 0	Gebruary 1 1913 to Alebriary 8 1910.
June / 1913	f. 12.1 7
(Month) (Day (Year)	that I last saw ham alive on Willy 7, 1917
7 AGE If LESS than	and that death occurred on the date stated above, at
yrs 8 mos 1 ds, hrs.	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Pronohial Premond
(a) Trade, profession, or	000.0000
particular kind of work	
business, or establishment in	(Duration) yrs mos ds.
which employed (or employer)	
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF O	(Doration) yrs mos ds.
FATHER TO TOUR	(Signed) (Signed), M. D.
o II BIRTHPLACE	Feb 9 1915 (Address) Lesup my
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	
W 12 MAIDEN NAME O	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL,
of MOTHER Many the Shollow	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS
OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
110 100	If not at place of death?
(Informant) Humilian Publish	usual residence
(Address) Harmans Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 ,	Fred Love Ind which 10 1915
Filed # 26 9 15 1915 I H E Starfula	20 UNDERTAKER ADDRESS
The Last Registrar	Char Zark Elkridge Ind

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. ehildbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Ex-



state PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. T properly XX supplied. UNFADING may 0 ATH in plain instructions EAT WRITE ā OF mportant. Every It

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### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No Ilf deeth occurred in St .:----Ward) a hospital or institution. give its NAME losteed of street end nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, Marul 191\_ (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 16 (Month) (Day (Year) TAGE If LESS then and that death occurred on the date stated above, at... 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particuler kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 191.2... (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME OF MOTHER TAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piece lo the OF MOTHER (State or country) of deeth \_\_\_\_\_ yrs. \_\_\_\_ \_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_ Where wes diseese contracted. If not at piece of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations it should be used only when needed. As exam (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

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No. 1. 00

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		1006
	1 PLACE OF DEATH	STATE OF MARYLAND
	. 11.9.	CERTIFICATE OF DEATH
Col	inty	Registration Dist. No.
Vill	age or City Drublyn (No. 25 Ma	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE,	
1	MARRIEO, Widowed or with the word)	(Month) (Day (Year)
6.00		17/ I HEREBY CERTIFY, That I attended deceased from
U DA	TE OF BIRTH	Lette 1915, to Let 16, 1915,
	(Month) (Day (Year)	that I last saw h w allve on At 15 1915
7 AG		and that death occurred on the date stated above, at 2 40 9.m.
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
	yrs	THE GROUP OF PEATH A Was as follows:
	Trade, profession, or 2	Chronic Internation
	ticular kind of work	
(b)	General nature of Industry,	offeld the
business, or establishment in which employed (or employer)		(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country)		Contributory
	(State or country)	Secondary
	10 NAME OF O	(Duration)yrsmosds.
	FATHER Total / Molar	(Signed) Williams Defeut M.D.
S	11 BIRTHPLACE	Levello 191 D. (Address) Circles of gray nad
Z	OF FATHER (State or country) Cheland	
PARENT	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	13	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(1	Interment) to has Slesson	Former or
(	01	usual residence
	(Address) 206 8 · Caselle at	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	4. 10 22	Holy 6 was 6 evelary of 19/15, 191
File	126 17 1915 Chasit hooke	20 UNBERTANZA ADDRESS, A
	REGISTAN	Miller 9334 referen
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balo, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

### RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County.

1597 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

-roll name	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemail Colored Single, Single  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Dec 25	, 1910, 10
/ (Month) (Day (Year)	that I last saw h alive on Fat- 20 7, 1915
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, or particular kind of work	Geale Lobar Pneumanna
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos Ods.
9 BIRTHPLACE (State or country) Bulto-	Contributory Secondary  (Duration) yrs mos ds.
10 NAME OF FATHER  STATE  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) Willow Ofe off, M. D.
a laroline Juner	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Vinginia	At place In the of death yrs mos ds State yrs mos ds Where was disease contracted,
(Informant) Mrs Loan Cine Green	If not at place of death?
(Address) Mourfield a. 9: 60 mol	Machine Cemeters Fiel 23, 191/5
Filed Feb 22 1915 Chasse Brook	20 UNDERTAKER ADDRESS
	rar, 6 E. Franklin St., Kalto., Requesting V. S. No. 1.
de d	dar, o m. Frankin St., Mitto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) been charged or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less defiuite; avoid use of "Inmor" for malig-"Contributory." etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injnry, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. thre of the American Medical Association.) by earbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhanstion," State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

C	ounty Anne arundel 3	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME CLISAVELLE	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
18	SEX  4 COLOR OR RACE  Black  Black  Single, MARRIEO, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH February 18, 1915  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from March 10, 1914, to February 18, 1915
	(Month) (Day) (Year)	that I last saw h 50 alive on February 18, 1915
7 A	If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 11. 40Pm, The CAUSE OF DEATH* was as follows:
(	a) Trade, profession, or articular kind of work	Tubercular Peritoritis
bu bu	o) General nature of Industry, usiness, or establishment in hich employed (or employer)	(Duration) yrs mos 7 ds.
9 6	State or country) Maryland	Contributory (Secondary)  (Duration) yrs. mos. ds.
S	FATHER / homas freen	Signal 19, 19, 19 (Address) rownsorth Ma
PARENTS	OF FATHER (State or country) Mary and  12 MAIDEN NAME OF MOTHER 4	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
P	13 BIRTHPLACE OF MOTHER Waryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
14	(Informant). Hospital Pecords	Where was disease contracted, Unknown If not at place of death?  Former or usual residence Ballimore County
16	(Address)  5 2 2 7	M. Arbutn. Bullo Co. 29 ONDENTAKER ADDRESS
=	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1 Balls md

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Servant, Cook, Housemaid, etc. If the Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fleation, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more projectmaterial worked on may form part of statement. Never return "Laborer," Grocery; (a) Foreman, (b) Automobile for it should he used only when needed. As additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Saleman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, occupation has For persons Foreman, the second tory. The kamples:

Statement of cause of death—Name, first, the diskasz causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Purreral schichae cause. Always qualify all diseases resulting from by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Con mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronk ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent "Senile," etc.), may he stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can State cause for Examples:



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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Exact stated classified. be pino THIS Sh properly INK supplied. pe UNFADING may certificate. \*\*\* that 20 0 WITH pe back terms, should 6 plain instructions Information = EATH WRITE of I DEA Item Every Item CAUSE OF Important.

state

### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [if death occurred in St .:----Ward) a hospital or Instituting, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY That I attended deceased from alive on ..... Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, nr establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 1D NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE .., 191... (Address) 200 OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State\_ \_ ds. Where was disease contracted, 14 THE ABOVE IS TRU If not at place of death? Former or usual residence REMOVAL DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAP

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septichuc-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scuile," etc.), "Dropsy," "Exhaustion,"



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PHYSICIANS

RECORD

PERMANENT

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, ORDIVERCED (Write the word) DATE OF BIRTH 1914 (Day (Year) (Month) TAGE If LESS than t day ......hrs. OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 0 OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence OF BURIAL OR REMOVAL reuro 15

If more blanks

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. Ilt death occurred la .....Ward) a hospital or institution. give its NAME instead of street and number.]

DATE OF BURIAL

(Year) (Month) (Day I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at (Address) Z \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs. \_\_\_ \_ ds.

are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. τά

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, totanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



PHYSICIANS should state (No....., RECORD PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 5 SINGLE. SEX 4 COLOR OR RACE MARRIED. married WIDOWED, BINDING Write the word) Exact 6 DATE OF BIATH 20 classified. (Day) (Year) (Month) 4 pe If LESS than TAGE pinous 1 day, .....hrs. THIS properly SOCCUPATION AGE (a) Trade, profession, or INK RESERVED particular kind of work (h) General nature of Industry, supplied. pe business, or establishment lo UNFADING may which amployed (or employer) certificate. 9 BIRTHPLACE (State or country) = oarefully that 10 NAME OF FATHER 50 MARGIN WITH OF FATHER (State or country) terms, ARENT hould 12 MAIDEN NAME OF MOTHER PLAINLY piain instructions of information OF MOTHER (State or country) \_ DEATH WRITE CAUSE OF Important. S (Address) No. 1. 15 . m

PLACE OF DEATH

### 1.601 STATE OF MARYLAND CERTIFICATE OF DEATH

Registered i	Но
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St: Ward)

Ill death occurred in a hospital or Institution.

NAME Augustus Hale	give its WAME Instead of street and number.]
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)    If LESS than   1 day,hrs.   0   0   0   0   0   0   0   0   0	that I last saw ham alive on Feb 7 191.5.  that I last saw ham alive on Feb 7 191.5.  and that death occurred on the date atated above, at m,  The CAUSE OF DEATH * was as follows:
or Tarmer	Broncho Pnemonia
industry, imeat to apployer)  M. L.	Contributory Cyc (Secondary) (Duration) yrs mos 65.
Henry U. Hall.  CE ER Untry) Helf River Md.	(Signed) Maclena Coword , M. D. Zelv. 8 , 1917 (Address) Next Perco Md  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal
TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOAPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of death 7. The mos. ds. State 7. The mos. ds. Where was disease contracted, If not at place of death?
a. 4. 60 111d	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Christ Church  20 1915
1915 Melane Cawod  Nept Rocal Registran  If more blanks are needed, address State Registran	71000 Jallor Tust River  7, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosaeum, etc.,

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUST and qualify as mia," "PUEEPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg. oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial sephritis. ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State (name origin; "Candeath), 29 ds., Examples: cause for For VIO-



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of

	1002
PLACE OF DEATH	STATE OF MARYLAND
G G - 17	CERTIFICATE OF DEATH
County 4	Registration Dist, No. 20
Village or City Davichonille	St.; Ward)  [it death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]
FULL NAME Joan 1000CL	verry Hardy
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 46 (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	, 191, to
(Month) (Day (Year)	that I last saw h alive on, 191
TAGE  # 6 yrs mos ds or large min.?  **Soccupation** (a) Trade, protession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **DONAME OF FATHER**  **TONAME OF FATHER**  **TONAME OF FATHER**  **TONAME OF FATHER**  **State or country*  **TONAME OF FATHER**  **TONAME OF FATHER**  **State or country*  **TONAME OF FATHER**  **TONAME OF F	and that death occurred on the date stated above, at
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	At J. Suiterdal, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Dairchsondle  15 Filed 191 REGISTRAR	Davidsonille Reb 18, 1913  20 UNDERTAKER  LOVE DAVIDANTICE  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an been changed or given up on account of the disease mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISTARM CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "PUERPERAL septichae-Never report



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V. S. No. 1.

RECORD

11

ould state	1 PLACE OF DEATH  County Count	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
YSICIANS SHO	Village or City Cumunilly (No. Plats) 2FULL NAME John Thuras Harris.	Hrapital St; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PH of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Statemer statemer	3 SEX Hale  4 COLOR OR RACE  Black  MARRIED, WIDDWED, OR OIVERCED  (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
e stated E ed. Exact	6 DATE OF BIRTH  (Month) (Day) (Year)	fine 14, 1912, to Victurary 26, 1915, that I last saw him alive on Petinerry 26, 1915
should be	7 AGE  2 2 yrs.	and that death occurred on the date stated above, at 7. YV 9.m., The GAUSE OF BEATH * was as follows:  Pulmweny Subscribers.
liy supplied. AGE it may be properlicate.	8 OCCUPATION (a) Trade, profession, or particular kind of work	(Duration) yrs. mos. 26 ds.  Contributory (Secondary)
N.B.—Every Item of information should be carefully sucAUSE OF DEATH in plain terms, so that it mimportant. See Instructions on back of certificate.	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15  Filed.  191  REGISTRAR  REGISTRAR	(Signed)
	1	md:

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age mine, etc. statement. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purreman scottichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhaustlon," (name origin; "Can State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

1 PLACE OF DEATH	STATE OF MARYLAND
County a -a -	CERTIFICATE OF DEATH
	Registration Dist, No. 2-1
Village or City amafoho(No. 57,	Washington St.; Ward)  [If death occurred in a hospital or institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINCLE, MARRIED, MODER, ORDINARY ORDIN	16 DATE OF DEATH  (Month)  (Day  (Year)
	17 I HEREBY GERTIFY, That I attended deceased from
B DATE OF BIRTH	
(Month) (Day (Year)	that I last saw h alive on
7 AGE If LESS than	and that death occurred on the date stated above, at ? Pm.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrsds.   ORmin. ?	Still born
8 OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in	(Dunkin)
which employed (or employer)	(Duration) yrs. mos. ds.
(State or country) annapolis Ald.	Contributory Secondary
10 NAME OF CAMES Hams	(Signed) My Couration yrs mos ds.
of FATHER (State or country) (Amaloli) MA	*State the DISPASE CAUSING DELTH OF IN delth for House
OFFATHER (State or country) Annafolis MA  12 MAIDEN NAME OF MOTHER BS That Hall	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) South River me	or Recent Residents) At place in the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Conformato Elisa Hall	if not at place of death?
(informant) ( ) ( ) ( )	Usual residence.
(Address) Mashington St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feb 20 1915 Mys Wilch	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Laborer-As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all discases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

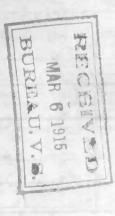
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	PLACE OF DEATH	STATE OF MARYLAND	
Co	unty HAT	CERTIFICATE OF DEATH	
	A	Registration Dist. No. 2/	
Vi	lage or City Manager of	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 \$		16 DATE OF DEATH COL	
0	Male Bo MARRIED, WIDOWED, ORDIVERCED	(Month) (Day (Year)	
-	ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deseased from	
0 0	ATE OF BIATH 9 326	1913, to 1913	
	(Month) (Day (Year)	that I last saw halive on	
7 A		and that death occurred on the date stated above, atm,	
	yrsds. QRin. ?	The CAUSE OF DEATH* was as follows:	
80	CCUPATION A1	Concental	
(a	) Trade, profession, or ricular kind of work.		
(b	General nature of industry,		
	siness, or establishment in ich empioyed (or employer)	(Duration) yrs mos ds.	
9 B	(State or country) AAGO - MA	Secondary Lawston	
	10 NAME OF WESTER Stages	(Signed) yrs ds. O.	
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OT, IN deaths from VIOLENT	
PARE	12 MAIDEN NAME OF MOTHER BANGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.	
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(Informant) West Harrod	Former or	
	Varnapolio Mech	usual residence	
15	(Address)	Care of Burial on Removal	
	180 Feb 8 , 1915 - Ams Welsh	2 PUNDERTAKER Jaylor Sorio and Boli	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given np on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERFERAL peritonitis," etc. State canse for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease cansing death), 29 ds.; affection need not be stated nuless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canscpsis, tctanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated nnder the head (Recommendations on statement of "Dropsy," "Exhanstion," "Puerperal septichae-



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PHYSICIANS should of OCCUPATION is

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WRITE PLAINLY, WITH UNFADING INK-	Every item of information should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be proper Important. See instructions on back of certificate.
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NIC	may may
FAL	t It
S	carel tha
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B. No.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death accurred in .Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE: MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended decen DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day,....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory econdary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ---- yrs. \_\_\_\_ mos. ... Where was disease contracted. If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. etc. The contributory (secondary or intercurrent) oma, Sarcoma, ctc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of For vio-



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County.	or City Attaly Hay	Registration Dist. No
2	FULL NAME II " d. Stube	
P	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Mal	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR OLOROGED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That Vattender deseased from
6 DATE OF	DEC 202, 914	that I last saw back alive on 191
7 AGE	(Month) (Day) (Year)  If LESS than 1 day,hrs.  yrs	and that death occurred on the date stated above, at
a) Trade, pr	ofession, or	Infantilo
business, or	nafure of Industry, establishment in red (or employer)	Convulsation mos ds.
9 BIRTHPL (State or	ACE 1 1 3 1	Contributory (Secondary)
S 11 BIF	ME OF Jacob Huben  RTHPLASE FFATHER ate (or country) Switzerland	Signed 3, 191 5. (Address) Storkly
13 BIR	THPLACE MOTHER Balton MIL	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the of death
14THE AB	Jacob Abulan	Where was disease confracted, If not at place of death?  Former or usual residence
16 File He	13 M S TB Storton Mr. REGISTRAN	Bound Thus Appress
= - 3	\ If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons The (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cercbrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid fraeumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For vicmia," "Tuerperal peritonitis," etc. inus," "Old Age," "Shock." 'Traemia," "Weakness." "Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify. as childbirth or miscarriage, as "Tuesperal scottichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. Exvalvular heart disease; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. State cause for Examples:



S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD carefully supplied. AGE should be stated EXACTLY. that it may be properly classified. Exact statement A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS DEATH in plain terms, so that it masses instructions on back of certificate. N. B.—Every item of information should be GAUSE OF DEATH in plain terms, so important.

1 PLACE OF DEATH Village or City 3:4 destrict

1608 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 21

St.;....Ward)

lit death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	(Month) (Day (Year)
6 D	## Fol 21 , 191	that I last sout h
7 A	( )	han and that death occurred on the date stated above, at
(a) par (b) bus whi	OCCUPATION ) Trade, protession, or criticular kind of work ) General nature of industry, siness, or establishment in lich employed (or employer)  IRTHPLACE (State or country) Arme Arendee Co	(Duration) yrs. mos. ds  Contributory Secondary
RENTS	10 NAME OF FATHER Sol. Jackson,  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OUR AND	(Signed)
Yd	of Mother School Plates.  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted,
	(Informant) Sol. Jackson.  (Address). Zake Show. Mg	If not at place of death?  Former or  USUAL residence
16 Fil	1817 J. S. Bellengeleg REGISTRAR	20 UNDERTAKER ADDRESS  No anolyteka

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotlon mill; (a) Salesman, (b) If the occupation has As examples: But iu many

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal uneningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, perilonacum, etc., Carcin-

mia," "Puerreral peritonilis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae ctc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Collapse," "Coma," "Couvnlsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



PLACE OF DEATH  County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City East Or (No. 17 le	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED ORDIVORGED (Write the work)	16 DATE OF DEATH  (Month)  (Day (Year)  17 HEREBY CERTIFY That I attended deceased from  18 DATE OF DEATH  (Month)  (Day (Year)  19 DATE OF DEATH  (Year)  10 DATE OF DEATH  (Year)  10 DATE OF DEATH  (Year)  10 DATE OF DEATH  (Year)
(Month) (Day (Year)	that I last saw ham alive on Feb 25 1915
7 AGE  If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3 4, m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Infantile Convulsions
business, or establishment in which employed (or employer)	(Duration) # yrs # mos # Mag
State or country Prosklyn, Mal	Contributory Secondary  (Duration) yrs mos bs.  (Signed) My Support Many My D.
11 BIRTHPLACE OF FATHER (State or country) (A. A. B. M.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) a. a. Co, Ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) Howard S. MY KNOWLEDGE	It not at place of death?  Former or usual residence.
(Address) Oast Sto oscyn, Md  16 Filed Fub 732 1914 Thom Bu Storyon Mile REGISTRAP'	20 UN STONE A SOLL AND ADDRESS OF BURNING ADDRESS OF BURNING ADDRESS A
	trar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care material worked on may form part of the second (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Nevcr (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) State cause for Never report



A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

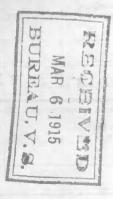
PLACE OF DEATH	CERTIFICATE OF DEATH
Gounty County	Registration Dist. No. 2-1
Viffage or City Com opols 10.54	(Cliff Laue St.; 3 Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Ted Jermin	of street and nomber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIGOWED, WIGOWED, ORGIVORCED ORGIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw h 1912 alive on 1914 17 The 1915
7 AGE    It LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at.  The CAUSE OF DEATH * was as tollows:
Coccupation (a) Trade, profession, or particular kind of work  (b) General nature of industry,	gennomea
business, or establishment in which employed (or employer)	(Duration) yrs mas ds
9 BIRTHPLACE (State or country) mayolis ned	Contributory Chan Strong Secondary Garding Guration (Secondary Guration)
10 NAME OF FATHER William Henry Jerman	(Signed) Stadhal Pictory, M. D
11 BIRTHPLACE OF FATHER (State or country.)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of a of Mother Tille Thomas  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted,  If not at place of death?  Former or
(Address) 34 action Lave	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Flied Feb 18, 1915 - Amswelch REGISTRAR	20 UNDERTAKER ADDRESS 32. N. W. S.
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. it should be used only when needed. who have no occupation whatever, write Nonc. been changed or given up on account of the piscase Servant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: nant neoplasms); Measles; Whooping cough; Chronic ecr" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

County Anne Arundel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2-/
Village or City annapoli (No. 181, Co. 181)	Chestnut St.; 2 Ward) [It death occurred is a hospital or institution, glospital or institution,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from
Feb 1,1915	that I last saw halive on
(Month) (Day (Year)  7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 7 ? m.  The CAUSE OF DEATH* was as follows:  The physician in attendance.  Orignes by Registrar
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Charles and the state of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gontributory Probably Indignation Secondary (Duration) yrs mos ds.
10 NAME OF FATHER Joseph Johnson  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF Johnson  12 MAIDEN NAME OF Johnson  14 MAIDEN NAME OF Johnson  15 MOTHER DE JOHNSON  16 MOTHER DE JOHNSON  17 MOTHER DE JOHNSON  18 MOTHER DE JOHNSON  18 MOTHER DE JOHNSON  18 MOTHER DE JOHNSON  19 MOTHER DE JOHNSON  10 MOTHER DE JOHNSON  10 MOTHER DE JOHNSON  11 BIRTHPLACE OF FATHER  10 MOTHER DE JOHNSON  11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  17 MOTHER  18 MOTHER  18 MOTHER  18 MOTHER  19 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  17 MOTHER  18 MOTHE	(Signed) Swelch Veg , N. D.  7 P , 1915 (Address) Onne for VIOLENT  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME Man Frances Johnson 13 BIRTHPLACE OF MOTHER (State or country) a a.C. md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (informant)  (informant)  (informant)	of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.
(Address). Connapoli  16 Filed Fish 8, 1915 Mmg Welch REGISTRAR	Prever Will Cem 2 9 1915  20 UNDERTAKER  Samuel aller 32 N. W. Sh

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (mcrely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seufle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; dent; Revolver wound of head-homicide; Poisoned "Contributory." is less definite; avoid use of "Tumor" for mallg-The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

### RECORD PERMANENT INK UNFADING

state Very PHYSICIANS should statement Exact classified. D properly AGI supplied. pe may that 80 of back terms, plain Instructions 5 I EAT Sea Q OF Important. Every It

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in .....Ward) a hospital or institution give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. DATE OF DEATH MARRIED, WIDOWED. (Write the word) Month (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. t day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country \_\_\_\_ yrs. \_\_\_ mos. State \_\_\_\_ Where was disease contracted, if not at place of death? Former or usual residence. DATE OF BURIAL 15 REGISTRAR

If more blanks are needed, address State Register, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housciette, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., ness of various pursults can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," Farmer or Planter, As examples: 69

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tctanus) may be stated under the head of by carbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



1 PLACE OF DEATH	finan	STATE OF MA	RYLAND
County A. A. Md.	(7)		OF DEATH
Village or City 6. Brooks	yn. (No.1/2,	Registration D 39 Qy. St.; Ward	[If death occurred in a hospital or institution,
FULL NAME Se	nove fa a	Pip Ka	give Its NAME Instead of street and number.]
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE	OF DEAT
SEX OCCOR ON MACE	SINGLE, MARRIED ( WIDOUE MINOR ( Write the word)	16 DATE OF DEATH (Month)	16- ,1915 (Day (Year)
6 DATE OF BIRTH			t I attended deceased from
Feb.	5 ,1915	that I last saw halive on	, 191,
(Month)	(Day (Year)	and that death occurred on the date state	100
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 day,hrs.	The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Trade, profession, or		A + + 1 0	
particular kind of work  (b) General nature of Industry,	#\$	Infuntile Com	rulsions
business, or establishment in which employed (or employer)	ut.	(Buration)	ff yrs f mos 2 hose
State or country) 6. Be	oollly.	Contributory Secondary (Juration)	YIS MOS ds.
10 NAME OF FATHER Branch	f. Ka	(Signed) Las Attown	act aroner
11 BIRTHPLACE OF FATHER	dylla.	Fall 17 191 & (Address) Bro	oklyn. ma
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	au Toland.	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from VIOLENT and (2) whether ACCIDEN-
of Mother Browislan	ra. Caplinski	18 LENGTH OF RESIDENCE (FOR HOSPITAL	
13 BIRTHPLACE OF MOTHER (State or country)	in. Polond.	At place In the	
14 THE ABOVE IS THUE TO THE BEST	OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(Informant) Drowstaw.	Lipka	Former or usual residence	
(Address) lagners	97	19 PUACE OF BURIAL OR REMOVAL	DATE OF BURIAL
File Selv: 17, 191 5 1.2	Heorem M	Millian + allow fi	ADDRESS
If more blanks are		trar, 6 E. Franklin St., Balto., Requesting V.	8. No. 1. One

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that faet may be indl-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulmaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Preeise statement of occupa-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISTARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) mia," "Puerperal peritonitie," etc. State cause for affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenelainjury, as fracture of skull, and eonsequenees (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanttion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (seeondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.). may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS

RECORD

A PERMANENT

V. S. No. 1.

N.B.

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state	1 PLACE OF DEATH	STATE OF MARYLAND		
d sta	County a. W. Pr -	CERTIFICATE OF DEATH		
Should ON 1		Registration Dist, No. 2/		
CUPATI		rothwest st.; 3 Ward)  [If death occurred in a hospital or institution, give its NAME instead		
of of	FULL NAME Viola. E. Si	of street and nomber.]		
Y. Ient	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Statem	Jeineale Colord Single, MARRIED, WIDOWED, ORDIVORCED Single	(Month) (Day (Year)		
tated E Exact	o DATE OF BIRTH	17 Feb 20, 1913, to Feb. 23, 1915		
be s	(Month) (Day (Year)	that I last saw h ex alive on Fet 25 , 1915.		
should y classi	7 AGE  If LESS than t day,hrs.  ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:		
AGE	8 OCCUPATION (a) Trade, profession, or particular kind of work.	Tobula Pulumunia		
ay be	(b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) yrs mos 5 ds.		
at it m	9 BIRTHPLACE (State or country) Quigoolishud	Gontributory Secondary  (Ouration)		
so th	10 NAME OF Walle Gittle	(Signed) P.B. Millines, N. D.		
terms,	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
piain piain tions	a lorance Vallow Dry	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
nforma VTH in Instruc	13 BIRTHPLACE OF MOTHER (State or country Amagoolis Md	At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted.		
em of info OF DEATI	(Informant) A Company Knowledge	if not at place of death?————————————————————————————————————		
- W 5	(Address) 6 & north West at.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
CAUSI Import	Filed Feb 27 1915 - Mrs Welch	20 UNDERTAKER ADDRESS		
z n	REGISTRAR	Samuel aller 32 northywests of		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. applies to each and every person, irrespective of age. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never 'return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has "Forcman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred la

a hospital or institution. give ifs NAME instead of sfreef and number.]

MEDICAL CERTIFICATE OF DEATH (Day I HEREBY CERTIFY, That I attended and that death occurred on the date stated above, a \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

State \_\_\_\_\_ yrs. \_\_\_ mos. \_

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mis," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (discase causing death), 29 ds.; affection need not be stated unless important. cte. 'The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Always qualify all diseases resulting from (Recommendations on statement of For VIO-



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### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in a hospital or institution, give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED, (Day (Year) ORDIVORCED (Monh (Day (Year) TAGE It LESS than 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death State \_\_\_\_\_ yrs. \_ \_\_\_\_ yrs. \_\_\_ \_\_ mos. \_\_\_ \_ ds. Where was disease contracted, If not at place of death? Former or osoal residence 19 PLACE OF BURIAL OR DATE OF BURIAL 15 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Galto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and elilldren, not who receive a definite saiary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tlon is very important, so that the relative healthful-Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

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V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

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Village or City Vissalship (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.: 26  St.; Ward)  [if death occurred in a hospital or lostitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVERCED (Write the word)  6 DATE OF BIRTH  (Month)  (Day) (Year)	16 DATE OF DEATH Court   Month buff 1915 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from Card mot allow on 191 (that I last aaw has allow on 191
7 AGE Still buth 1 LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:  Course Not / Survey
particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Buration) yrs mos ds.  Contributory (Secondary)
10 NAME OF FATHER DELLES MALLES OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
of Mother Clack Stark  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address)	Date of Burial or REMOVAL  Date of Burial  Puls 22, 191 1-  20 Undertaker Buries by Address  Her Wilkerson mentship India

State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the nismasm Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: For persons "Foreman," (g

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc... Carcin-

such, if impossible to determine definitely. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can State cause for Never report Examples: For VIO-



BINDING FOR RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1.

	1 PLACE OF DEATH	1618 STATE OF MARYLAND
Co	ounty anne annall (6)	CERTIFICATE OF DEATH Registration Dist. No.
Vi	lilage or City Cympvilly (No. Par	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME	MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	
385	Male Color or RACE Single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	(Month) (Day) (Year)
8 D/	(Month) (Day) (Year)	July 1914, to Jehnay 2, 1915, that I last saw ham alive on Rehmany 2, 1915.
7 A G	V 1500 A	The title could be an interest of the court
(a) par	OCUPATION ) Trade, protession, or rticular kind of work	afint 3 minutes
bus	iness, or establishmant in	(Duration) yrs. mos. ds.
	IRTHPLACE tate or country)  Manyland.	Contributory (Secondary)  (Duration) yrs mos ds
	10 NAME OF Charles Wastin.	(Signed) Alexy M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  Many Caul	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENT
PARE	12 MAIDEN NAME OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. 6 mos. 2 ds. State yrs. mos. ds.
147	(Informant) TO THE BEST OF MY KNOWLEDGE	If not at place of death?  Former or usual residenca.  Preduct County.
15 Fi	(Address).	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  HVSpilot Cerneley. P. P. 191V.  20 UNDERTAKER  ADDRESS  Wale Hosey
	If more blanks are needed, address State Regis trar,	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industy; and therefore an who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('aa) statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcinosis of lungs, meninges, peritonaeum, etc.

childbirth or miscarriage, as "Purreman septichae cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of had-homicide; Potsoned mia," "PUEBPERAL pcritonitis," etc. State cause for mus," "Old Age," "Shock." "Traemia," "Weakness," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Can-ver" is less definite; avoid use of "Tumor" for mails Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Examples: FOI VIO



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PHYSICIANS shou RECORD PERMANENT Exa 4 15 INK that it may certificate. 90 WITH terms, UO PLAINLY plain instructions 2 of intorn DEATH 1 Every item CAUSE OF Important.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. Lit death occurred in St.: Ward) a hospital or institution. give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day OROIVORCED (Write the word) & HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, Ohrs. The CAUSE OF DEATH\* was as follows: OR .. O.min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment In which employed (or employer) ..... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of dealh \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State (State or country) Where was disease contracted. 14 THE ABOVE IS If not at place of death?... Former or (intermant) usual residence. 19 PLACE OF SURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Mulleronles

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcests of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (c. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Marastheuia," "Auaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. naut ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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RECORD

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County.... Registration Dist. No. OCCUPATION [If death occurred in .....Ward) a hospital or institution, give its NAME instead of street and number. ] MEDICAL CE RTIFICATE OF DEAT statement 18 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED, (Month (Day) (Year) ORDIVERCED (Write the word) EREBY CERTIFY That I attended described from OF BIRTH classified. (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 6 1 day. hrs. The CAUSE OF DEATH \* was as follows OR ..... min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. be business, or establishment in may which employed (or employer) ...... 9 BIRTHPLACE (State or cont Contributory (Secondary ō back RENTS terms, OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME plain ₹ instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OF MOTHER (State or country) At place In the of inford of death State ..... yrs. \_\_\_\_ ...... yrs. ..... mos. Where was disease contracted. If not at place of death? Former or Item important. Every It If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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-Hart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," 'Uraemia," "Weakness," cause of death approved by Committee on Nomencis injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purrenal scottchae cause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the genital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis usnt neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never reporis less definite; avoid use of "Tumor" for mails The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



FOR BINDING RESERVED MARGIN

RECORD

A PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

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### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH

County C	0.1
Village or City East fort (No. 50%)	Caslem Ove-, Ward) [It death occurred in a hospital or institution,
FULL NAME Walinda Min	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JEMULE Color OR RACE STRUCE, MARRIED, WISOMED, WISOMED, WISOMED, WISOMED, WISOMED, WISOMED, WISOMED, WITH the WORD)	16 DATE OF DEATH (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH  CM - mknom, 1841  (Month) (Day (Year)	Set & the 1913 to Set 13 House that I last saw help alive on Set 12 the 1913
7 AGE It LESS than t day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
s occupation  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Seve al (Buration) yrs mos. ds.
State or country) South River Md.  1D NAME OF FATHER Charles Johnson	Contributory (Doration) yrs mos ds.  (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) South River, Not  12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) South River, Md.  14 THE ABOVE IS TRUE TO THE BESTJOF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the: ot death yrs mos ds. State yrs mos ds  Where was disease contracted,
(Interment) anthony America,	it not at placs of death? Former or usual residence
16 Filed Feb 15, 1815 Amg Malel REGISTRAR	John Wesky CEME: 2. 18 1915  20 UNDERTAKED  EHB. Parker & Son. 92 West SI
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: mia," "Tuerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puepperal septichacaffection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.;



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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT stated classified. should THIS properly AGE supplied. pe may certificate. 80 ō back terms, plain Instructions Information = DEATH o Every Item CAUSE OF Important. OF m

12 MAIDEN NAME

13 BIRTHPLACE

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OF MOTHER

OF MOTHER (State or country)

state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occorred in .....Ward) a hospital or justitution. give its NAME lostead of street and number.] PERSONAL AND STATISTICAL PARTICULA MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORGED (Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employ Contributory Secondary State or country) (Doration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE Z...., 191.4. (Address) OF FATHER (State or country)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ \_ ds. State ..... yrs. \_\_\_\_ mos.

Where was disease contracted. If not at place of death?

Former or usual residence

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to knew (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "PUERPERAL septichae-Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City (No.	St.;—Ward)  STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred a hospital or institution of the contract of t
2FULL NAME Ist Setupon 2FULL NAME Instruction of street and number	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RAGE SINGLE, MARRIED, Mannier, M	18 DATE OF DEATH  (Month)  (Day  (Year  17 / I HEREBY CERTIFY, That I attended deceased fr
6 DATE OF BIRTH  (Month) (Day (Year)	that I last aaw h allva on FEL 17, 191.
7 AGE  Syrs mos. ds. OR min.?	and that double occurred on the date stated above, at-
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  Service of the state of the sta	Of heart (Guration) yrs. mos.
(State or country) Dermany	Gontributory Secondary (Doration) yrs mas
9	(Signed) Chasit orovita
11'BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Viol. Causes, state (1) Means Of Injury; and (2) whether Accir Tal, Suicidal, or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIES OF RECENT RESIDENTS) Al place of deathyrs,mos,ds, Stateyrs,mos
THE ABOVE IS THUE TO THE BEST OF MY KNOW EDGE	Where was disease contracted, If not at place of death?  Former or  nsual residence
(Address) Garling Fairt	Vouden Park low new 20, 191
Filed Tib 17, 1915 Chant Trout	He Gunder Hour 1701 & Ball

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Ceusus and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles "Scnile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion, State cause for Never report



# MARGIN RESERVED FOR BINDING

W. B. No. 1.

N. B.—Every item of information should be oarefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Virindship (No.	Registration Dist. No.  St.: Ward)  Lase Noull  [if death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, MIDWED, WIDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That 1 attended deceased from
(Month) (Day) (Year)	# 1 last saw h 2 alive on # 2 2 1915
AGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
COCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	a Steady decline of Vitality until it. Ceased  (Duration) yrs mos/2 ds.
BIRTHPLACE (State or country)	(Secondary)  (Deration)  (Deration)  yrs. mos. 2 ds.
10 NAME OF FATHER Hambul Chase  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place io the of death yrs mos, ds. Where was disease contracted.
(Informant) Margan Webb	If not at place of death?  Former or usual residence.
Filed 756. 24, 1915 - Co. 44, Penie RECISTRAR	Houndaling Md 7. Et. 24, 1915  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 9

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," (Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: nant ncopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For VIO-



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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen important. See instructions on back of certificate.
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PHYSICIANS should state of OCCUPATION is very

RECORD

Col	PLACE OF DEATH  Spty. Annu Arundus. 14	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 47
Vill	age or City 321 district: (No	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR ODIVORCED (Write the word)	16 DATE OF DEATH
6 D#	MTE OF BIRTH 14 , 1830 (Month) (Day (Year)	that I last saw h in alive on Feb 3 1910 1910
7 AC	84 yrs 7 mos 20 ds. OR min.?	and that death occurred on the date stated above, at
(a) par (b)	Trade, profession, or flouring from the former flouring f	Senile Tangrens
9 Bi	ness, or establishment in the employed (or employer)  RTHPLACE (State or country) Cenns Arundel Co.	Contributory Thrombonic of Leg Secondary
S	10 NAME OF Charles Pumphrey 11 BIRTHPLACE	(Signed) James C. Bellingsleg, M. D.  Fell 3, 1915. (Address) Cleaton, Med
PARENTS	OFFATHER (State or country) Anne Orundel G.  12 MAIDEN NAME OF MOTHER Delibate Stallings	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
а.	13 BIRTHPLACE OF MOTHER (State or country) rine Leonge G. M.4.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
15	(Address) Marley, a.a. 6; Ma,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Cedas Hels Cemetary, Feb. 5. 1915
File	7 Jeh 3 , 1915 J. S. Bellei goleg REGISTRAR	Ormstrong, Denny Co. Ballmor Md.

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupatious dnties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term ou the ness of various parsnits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when ueeded. essary to know (a) the kind of work and also (b)first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. THIS properly INK pe UNFADING may certificate. of WITH terms, on back pinoda 00 PLAINLY, plain instructions Information C DEATH See 0 item OF mportant. Every it

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred in St :----Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from E OF BIRTH (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? .....ds. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 1 24 , 191 J. (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITÂLS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. .... ds. State \_\_\_\_\_ yrs. \_\_\_ mos. Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or

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REGISTRAR

usual residence

UNDERTAKER

CE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner; (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiwe no occupation whatever, write None. Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

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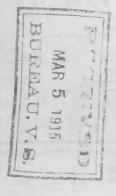
PLACE OF DEATH	1627 STATE OF MARYLAND
County ( C	CERTIFICATE OF DEATH
	Registration Dist, No.
tainheld)	MM [If death occurred in
Village or City (No.	St.; Ward) a hospital or institution, give its NAME instead
4 can hi X	of street and number.]
<sup>2</sup> FULL NAME S SUVUS O A SU	Muu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEAT
COLOR OR RACE SINGLE, MARRIED,	18 DATE OF DEATH SED 218= 1915
Male Why ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREPY CERTIFY, That I attended accessed from
fan 26, 1815	1915, to 1915,
(Month) (Day (Year)	that I last saw h Langalive on 1915
1 day,hrs.	and that death occurred on the date stated above, at
yrs mos ds, OR min.?	30 1 Da 11 A
(a) Trade, profession, or the many trade, profession, or the many trade, profession, or the many trade, and the many trade are trade and the many trade are	acute reportes
particular kind of work  (b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration), yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Ascites
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10 NAME OF FATHER	(Signed) Thou By Clorton un
11 BIRTHPLACE	Feb 285 - Ou stra B - 200
OF FATHER (State or country) MO 1 M G 1111	*State the DISEASE CAUSING DEATH or in deaths from Vicinia
11 BIRTHP(ACE OF FATHER (State of country) I Many	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
100000000000000000000000000000000000000	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
to only Jahras	If not at place of death?
(Informant)	Dusual residence
(Address) Tanjula Mo	19 BLACE OF BUNIAL OR REMOVAL DATE OF BURIAN
" Lot 26 m offa Bloots oms	20 UNDERTANER ADDRESS
Flied 1910 Programme Registrar	BALL LUMMAN PADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital." "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in Ward) a hospital or lostitution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED. 1915 WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day . hrs. OR.Q.min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributor Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ \_ ds. State \_\_\_ Where was disease contracted. WLEDGE It not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS Filed

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report



Very

Registration Dist. No OCCUPATION St.;.....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIF (Year) (Month) (Day 7 AGE It LESS than 1 day .....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which amployed (or employer) certificate Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 PARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER instructions OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death \_\_\_\_\_ ds. Where was disease contracted, if not at place of death? Former or usual residence CAUSE OF Every 15 20 UNDERTAKER

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

If death occurred in a hospital or institution. give its NAME instead ot street and number.]

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. in the

State ..... yrs. mos.

DATE OF BURIA

If more blanks are needed, address State Registrar/6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caucause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations ou statement of "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUBATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

Village or City Comusuill (No. Flats  2FULL NAME Charles R. Frimm	Registration Dist. No. 2/  **The state of Maryland Certificate of Death Registration Dist. No. 2/  **The state of Maryland Registration Dist. No. 2/  **State of Maryl
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Molarina - , 1859 (Month) (Day) (Year)	that I last saw h in allve on Prehueny 17, 1915,
7 AGE    If LESS than 1 day,	and that death occurred on the date stated above, at 5.30 q.m., The CAUSE OF DEATH* was as follows:  Cerebral /ferrandage
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (State or country)	(Duration) yrs. mos. ds.  Contributory (Secondary)  (Duration) yrs. mos. ds
10 NAME OF FATHER Charles H. Finns.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)  Telegraphy, 1915 (Address)  *State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Manylend,	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death
(Address)	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIALLA PLANTE PLANTE PLANTE PLANTE PLANTE PLANTE PLANTE P., 1915
Filed. Red 1915 REGISTRAR  If more blanks are needed, address State Regis traz, 6	D. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuimine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation bas Farmer or Planter, As examples:

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) mia," "TUERPERAL peritonitis," etc. mus," "Old Age," "Shock." "Traemia," "Weakness," genital," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atropby," ample: Mcastes (discase causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never repor Examples: 01



W. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Church 3	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No. 26
Village or City Tyons Cores (No)	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWEO, OROIVORCEO (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
DATE OF BIRTH  (Month) (Day) (Year)	not attended by a physical state I last saw h alive on 191
AGE 11 LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 2 m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or parficular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Ourafion) yrs. 6 mos. ds.
(State or country)	Contributory (Secondary)  Ouration yrs mos ds.
10 NAME OF Storge Switch  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) , M. D. (Address) McKe. Acc. A  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
(Informant) Achard Works	Where was disease contracted, If not at place of death?  Former or usual residence
Filed Feb. 10, 1915 A Horris	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE OF BURIAL  ADDRESS  ADDRESS  ADDRESS  ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carein-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPEBAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maran genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin: "Can State cause for Never report Examples:



RECORD	PHYSICIANS should state
V. S. No. 1.	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  County anne annell /2	1632 STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty	Registration Dist. No. 2
Village or City Cumpville (No. Plats, 2FULL NAME John Linothers	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
3 SEX 4 COLOR OR RACE Black MARRIEO, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, Light I attended deceased from
6 DATE OF BIRTH  Menon 1852  (Month) (Day) (Year)	faminy 24, 1918, to Pichwang 9, 1918. that I last saw him alive on Colmany 9, 1918
7 AGE  11 LESS than 1 day,hrs. mos. ds. QRmin.?	and that death occurred on the date stated above, at 12:30 Pm.  The GAUSE OF DEATH* was as follows:  Mysearditis - Chimic Interstitut
(a) Trade, profession, or Fabour.	hejshritis -
b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Wany Count.	(Duration) yrs mos ds.  Contributory Pulmmany Columa - (Secondary)  (Buration) yrs mos 3 ds.
10 NAME OF FATHER Unknown	(Signed) / Whear & m tarole M. D.
11 BIRTHPLACE OF FATHER Z (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
a. Mukumu	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Mkenome	At place of death yrs mos ds
(Informant)	If not at place of death?  Former or usual residence.  Viredunck County.
(Address)  15  Filed 191  REGISTRAR  If more blanks are needed, address State Regis trar, 6	19 PLACE OF BURIAT OR REMOVAL DATE OF BURIAL  Applace of Buriat OR REMOVAL DATE OF BURIAL  20 INDERTAKEN STRUBELLE  20 INDERTAKEN STRUBELLE  E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer—('aa) "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," "Foreman," (b) Cotton mill; (a) Salesman, (b) For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull and consequences (e. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal scottchae etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." 'Tracmia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from "Hart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .... The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of \_\_ (name origin; "Can-Never report Examples:



RECORD ERMANENT BINDING classified. ERVE may MARGIN terms, of Infor item OF CAUSE

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important.

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STATE OF MARYLAND PLACE OF DEATH ATE OF DEATH Registration Dist. No If death occurred in ......Ward) a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) ORDIVORCED (Write the word) That I attended preased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE 1 day, ....hrs. OR ..... ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country (Secondary (Signed ENT OF CATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 2 PA 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, At place In the of death State ..... yrs. ..... yrs. ... .... mos. ..... ds. Where was disease contracted. If not at place of death? Former or usual residence 15 If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifical the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) Foreman, (b) Automobile factory. The For persons

Statement of cause of death—Name, first, the disease causing death—name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Tuenrenal scotichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," thonia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. For viogenital," "Senile." etc.), mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. Exnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart fallure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for malig The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN S. No. 1.

So. Baltimore Sta., Village or City  PLACE OF DEATH  So. Baltimore Sta., Curtis Bay, Md.	The state of Maryland CERTIFICATE OF DEATH Registration Dist, No.  St.; Ward)  Zutvau  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTINGATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIEO, WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  Au  (Month)  (Day)  (Year)	(Month) (Day) (Year)  I HERFBY CERTIFY, That I attended accessed from 29, 1915, to 29, 1915, that I last saw h
FOCCUPATION (a) Trade, profession, or	and that death occurred on the date stated above, at 5 m, The CAUSE OF DEATH* was as follows:
particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  PRIRTHPLACE (State or country)	(Duration) / yrs mos. / ds.  Contributory (Secondary)
10 NAME OF FATHER Emilion Dzutrau  11 BIRTHPLACE OF FATHER (State or country) Russia	(Signed) (Duration) yrs mos ds.  (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country) Russia  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Emilion 52 utran	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death?  Former or usual residence
(Address) So. Batto - m. L.  Filed Feb 2 = 1915 - Shown B. Korton M.  REGISTRAR  1 If more highes are needed, address State Regis trar, 6	Stoly Cross Cemeter Jeh 2 200. 1915.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question mine, etc. cases, especially in industrial employments, it is nection is very important, so that the relative sealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasended"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrperal scottchaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock." ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras. genitai," "Collapse." "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never repor affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis usat neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory Measles (disease causing "Senile," etc.), (Recommendations on statement of may be stated under the head of (secondary or intercurrent "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can death), 29 ds.: State cause Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

h		100-
	PLACE OF DEATH	530 STATE OF MARYLAND
C	ounty 4. U. Co 1 5	CERTIFICATE OF DEATH
		Registration Dist. No. 2/
V	illage or City West Chinist (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
-	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	Temale of hele Single, married or or over the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH	Stewer 7-915 to July 42 1915
	(Month) (Day) (Year)	that I last saw hele alive on From 45 1915
7 A		and that death occurred on the date stated above, at 5.30 P.m.
	9 3 yrs. mos. 9 ds. ormin.?	The CAUSE OF DEATH * was as follows:
(a	CCUPATION ) Trade, profession, or	Sesudine (with retained
(b) bus	General nature of industry, iness, or establishment in	(Duration) yrsmosds.
-	IRTHPLACE tate or country)	Contributor Security (Secondary)  (Deration)  yrs. mos. 2 ds.
	10 NAME OF S. Ot. Tucker	(Signed) Vacus B. Heuke B. O.
ENTS	11 BIRTHPLACE (State or country) Com a policy W	*State the Dismass Causing Death, or, in deaths from Violent
PARI	12 MAIDEN NAME Com is In Cords	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Coma folis m	OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds.
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Informant) J. St. Jue Res	Former or usual residence.
	(Address) D. Umna fold	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	od Feb 6 1915 - mg mylch	20 UNDERTAKER ADDRESS
	REGISTRAR	Woolley & Son 12 mun after
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman,

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart discase; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For vio-



#### V. S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACILY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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1 PLACE OF DEATH

1636	
	STATE OF MARYLAND
c 60	CERTIFICATE OF DEATH

Registration	Dist.	No	25-

[If death occurred in a hospital or lostitutioe, give its NAME lostead of street and comber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) Y(Day (Year)	
6 DATE OF BIRTH Dowl Temm,	1T   I HEREBY CERTIFY, That I attended decaased from	
7 AGE 1 9 9 OCCO If LESS than 1 day,	and that death occurred on the data stated above, at 850 Colom.  The CAUSE OF DEATH* was as follows:	
**CCUPATION (a) Trada, profession, or particular kind of work.  (b) General nature of industry.	ald ago	
business, or establishment in which employed (or amployar)  BIRTHPLACE (State or country)	Contributory Secondary	
10 NAME OF FATHER. Don't China  11 BIRTHPLACE OF FATHER (State or country) Don't Runn  12 MAIDEN NAME	(Signed) (Doration) Jrs mos ds.  (Signed) (Address) Brilly R7 (Address) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
OF MOTHER DOWN Burn	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  10 the	
(State or country) Free & runde  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Prefer and How Ingg.  (Address) Droftlyn R. F.:	of death yrs. mes. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or osual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed Fel 24 1915 Thomas HoBranolius	20 UNDERTAKER ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to cach and every person, irrespective of agc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (b)

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (discase causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of ...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite discase can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



N. B.—Every Item of Information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

	1637
PLACE OF DEATH	STATE OF MARYLAND
County Of Of.	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City tours at the months.	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Jane Henry	My existe the Yan Dan cite and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH FISH 2 1015
WIDOWED, WITCH GRIPU	(Month) (Day) (Year)
Ofmal Mul (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h alive on
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 10.30 A.m.
01- 1 dayhrs.	The CAUSE OF DEATH* was as follows:
	artoria Selemon
SOCCUPATION (a) Frade, profession, or  Novel	no physicing in allendance.
particular kind of work	Certificate sime by Registrar
(b) Geograf nature of Industry, business, or establishment in	when
which amployed (or employer)	(Duration)mosds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)
Win gintu	(Daration) mos ds.
10 NAME OF Elevant & Cabell	(Signed) The state of the state
11 BIRTHPLACE	Fet 2, 1915 (Address) Junipoly
State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
OF FATHER (State or country)  12 MAIDEN NAME 1  OF MOTHER 1	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	of death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
mad O'heil	Former or
(Intermant)	usual residence.
(Address) Crun-del, a. U. Vo. Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (g)

Statement of cause of death—Name, first, the dibease causaing death—In all ways the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Pumperal septichaccause. Always qualify all diseases resulting from ample: Meastes (disease causing death), 29 da.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronia zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-For VIO-



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RECORD

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. OROIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Month' (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ..... 7 BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployar) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ Where was disease contracted, 14 THE ABOVE IS TRUE It not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL

REGISTRAR

20 UNDERTAKER ADDRESS

[if death occurred in a hospital or institution,

(Year)

give its NAME Instead of street and number.1

(Dav

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and eonsequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the American Medicai Association.) by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senife," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report For Vio-



PERMANENT BINDING UNFADING ARGIN

RECORD

PLACE OF DEATH

CERTIFICATE OF DEATH CCUPATION IS Registration Dist. No. 26 lit death occurred in St .: .....Ward) a hospital or institution. give its NAME lostead of street and number. 1 \* FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED. (Year) (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day) (Year) It LESS than TAGE and that death occurred on the date stated shove, at 1 day hrs. OR ..... 7 properly BOCCUPATION AGE (a) Trade, profession, or particular kind of work. metou (b) General nature of industry. supplied. business, or establishment in ... (Duration) may which employed (or employer) ..... 9 BIRTHPLACE (Secondary) one hou (State or country) (Duration) 10 NAME OF 80 50 ARENTS 11 BIRTHPLACE . 191 ... (Address). OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place . in the OF MOTHER (State or country ot death \_\_\_\_\_ vrs. \_\_\_ mos. \_\_\_ ds. State vrs. mos. Where was disease contracted. If not at place of death?... of i Former or Item usual residence Important. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CAUSE ADDRESS m REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indishould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (v) Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of lifbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm\_laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative Lealthfuiness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for chlidbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowle oma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for mailg The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent (name origin; "Can Examples:



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	County ( CERTIFICATE OF DEATH						
	Registration Dist. No. 2						
	Vill	age or City amapolismd (No. Emerg	zenez Assptal St; Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]			
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	3 SEX 4 COLOR OR RACE 5 SINGLE,		16 DATE OF DEATH To A	-			
	n	MARRIEO, Married  Lale Colored (Write the word)	4	(Day (Year)			
	6 DA	ATE OF BIRTH Muken over 518	Jan 4 1915, to Feb	191.6.			
p.		(Month) (Day (Year)	that I last saw h imalive on Theb	1 ,1915			
	7 AG		and that death occurred on the date stated abo	ove, at 12.45- Pm,			
		yrs	The CAUSE OF DEATH* was as follows:				
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211		General nature of industry, ness, or establishment in	an				
	which employed (or employer)		(Duration)	yrsds.			
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or cer		10 NAME OF FATHER	(Signed) Ams Welch	yrs mos / ds.			
on back	ITS	11 BIRTHPLACE OF FATHER A MA	Feb 3, 1915 (Address) ann	. 100			
	REN	12 MAIDEN NAME	*State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	deaths from VIOLENT (2) whether ACCIDEN-			
	P	OF MOTHER W. Round	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS	TITUTIONS, TRANSIENTS,			
nstructions		13 BIRTHPLACE OF MOTHER (State or country) Owe Jeng. 6	At place of death yrs. mos. 25 ds. State	yrs ds			
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[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is nee-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second For many occupations a single word or term on the who have no occupation whatever, write None. who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," Farmer of Planter, As examples: "Foreman,"

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